

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101588857

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			
	IND.		DEP.		IND.			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1							
2		1						
3		2						
4			1					
5			2					
6				1				
7				2				
8					1			
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10	1							
11		1						
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TOTAL IND.	2							
TOTAL DEP.	18							
TOTAL CLAIMS	20							

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			
	IND.		DEP.		IND.			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								